

Foster Family Home - Corrective Action Report

Provider ID: 1-180056

Home Name: Amado Bermuda, Jr., NA

Review ID: 1-180056-2

91-803 Aama Place

Reviewer: Maribel Nakamine

Ewa Beach HI 96706

Begin Date: 9/18/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 9/18/19.

Corrective Action Report issued during home inspection with all items due to CTA by 10/18/19.

6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN/Fingerprint for CG#1. Expired on 9/12/19.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41(b)(7),(8)- No current TB clearance, no CPR, no Blood Borne Pathogen for CG#2.

41(c)- No inservice/annual training for CG#1 and CG#2.

Maribel Nakamine, RN
Compliance Manager

[Signature]
Primary Care Giver

9/18/19
Date

9/18/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Amado Bermuda, Jr.
CCFFH Address: 91-803 Aama Place, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1),(2)	I obtained a current APS/CAN/Fingerprinting for CG #1 and placed in home binder.	9/27/19	Home understands the background check requirements. Home will use calender on iphone to input all due dates to prevent any future lapses.
41. (b)(7),(8)	I obtained TB clearance, CPR and blood borne pathogen from CG #2 and placed in home binder.	10/12/19	Home will us a Spreadsheet on laptop to identify when requirements are due 3 months before they expire to allow time to get them done before they are due.
41. (c)	In-Service/Annual Training was done for CG #1 and CG #2 and placed in home binder.	10/14/19	Home understands the in-service/annual training requirements. Home will use calender on iphone to input all due dates to prevent any future lapses.

Primary Caregiver's Signature: 

Print Name: Amado Bermuda, Jr Date of Signature: 10/18/19